Michigan Department of Community Health Radiation Safety Section

Website: www.michigan.gov/rss

INFORMATION REQUIRED FOR A RADIATION SHIELDING PLAN REVIEW

Please complete and include this form **with your x-ray room plans and specifications** according to the guidelines listed below.

Submit x-ray room plans and specifications with this form to:

Bureau of Health Systems, Radiation Safety Section Michigan Department of Community Health 1st Floor, Ottawa Building 611 W. Ottawa Lansing, Michigan 48933

Please notify the Radiation Safety Section promptly if changes are made which should be reevaluated. If there are any questions, please call (517) 241-1989.

Facility Identifying Information for the Proposed Installation

Name of contact inc	dividual at facility:		
Facility	name and address:		
~ -			
Send repo	ort to this address		
Room numbers	s(s) or description:		
Submitter Information (if Name of individual sul	h	write "same")	
	dress of submitter:		
The John State of the State of			
Send repo	ort to this address		
•			
Facility Registration and Facility registra	Certificate of Need Information number (if assigned):		
X-ray installations that req C.T. scanners, and cardiac	catheterization		
Has a CON number assigned, if necessity	cessary? No		
assigned, if neo	cessary? No		
assigned, if nec	cessary? No	M.D./D.O.	
assigned, if neo	cessary? No		Chiropractic Industrial

Machine Information

ype of machine (check all	that apply):		
Radiographic	Extremity only	Fluoroscopic	CT
Mammographic	Linear accelerator	Cardiac cath	Educational
Dental cephalometric	Dental tomographic	Other	
	Maximum kilovolta Maximum milliamper	U \ 1 /	
Anticipated radiograph	ic workload (mA-minutes	per week)	
OR Therapeutic workloa	ad (rads or cGy per week a	at 1 meter)	

Architectural Information

Provide plans or blueprints of rooms and adjacent areas (to scale). Scale must be 1/4 inch per foot or greater. The plans or blueprints must show the position of:

All x-ray equipment and accessories Doors

Windows Operator's barrier
Patient viewing window Compass directions
Wall cassette holder Exposure switch

X-ray table (and extent of movement)

The exact location of all proposed shielding*

X-ray tube (and extent of movement)

The height of the shielding installed

Include a description of the occupancy and control of adjoining areas including above and below the x-ray room on the plans. Include a description of any area beyond an outside wall, such as lawn, parking lot, and sidewalk. For exterior walls, show distance to property line and to closest area where individuals may be present. Include the distance to any multistory buildings which are nearby.

CT scanner

Please include a copy of the iso-exposure curve normally provided by the manufacturer.

Linear Accelerator

For accelerator facilities, include all assumptions and calculations upon which the proposed shielding is based. Such calculations should address instantaneous dose equivalent rates, as would be measured with a rate-type survey meter, and integrated weekly doses to adjacent areas for worst-case operating conditions. Specify neutron shielding methods for duct work and for other room penetrations, such as the use of borated polyethylene on doors.

For assistance in proposing shielding, some general shielding guidance is available on our web site at http://www.michigan.gov/rss under Radiation Shielding Information.

^{*}Specify proposed shielding, such as lead (note thickness), brick veneer, solid or hollow-core concrete block, cinder block, poured concrete, etc. Indicate the thickness and density of concrete and masonry materials. For corrugated concrete floors and ceilings that are used as shielding, please include the MINIMUM concrete thickness and the density (or unit weight) of the concrete in pounds per cubic foot.